MEDI-CAL UPDATE

EDS • PO Box 13029 • Sacramento, CA • 95813-4029 **www.medi-cal.ca.gov**

Pharmacy Bulletin 621 **December 2005**

Contents

Medi-Cal List of Contract Drugs

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs* and *Drugs: Contract Drugs List Part 4 – Therapeutic Classifications.*

Additions, January 1, 2006

Drug	Size and/or Strength	Billing Unit
SOLIFENACIN SUCCINATE		
Tablets	**5 mg**	**ea**
	10 mg	**ea**
TROSPIUM CHLORIDE		
Tablets	**20 mg**	**ea**

Change, effective November 22, 2005

Drug	Size and/or Strength	Billing Unit
* LOPINAVIR AND RITONAVIR		
Capsules	133.3 mg – 33.3 mg	ea
Oral solution	400 mg – 100 mg/5 cc	cc
** Tablets	200 mg – 50mg	ea

~~** Prior authorization always required.~~

* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.

Please see **Contract Drugs**, *page 3*

EDS/MEDI-CAL HOTLINES

Telephone Service Center (TSC) 1-800-541-5555
DHS Medi-Cal Fraud Hotline..... 1-800-822-6222
Border Providers ..... (916) 636-1200
Provider Telecommunications Network (PTN)..... 1-800-786-4346

For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.

Stop Illegal Tobacco Sales

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the Department of Health Services Web site at http://www.dhs.ca.gov.

MEDI-CAL FRAUD
IS AGAINST THE
LAW

MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS EACH YEAR AND CAN ENDANGER THE HEALTH OF CALIFORNIANS.

HELP PROTECT MEDI-CAL AND YOURSELF BY REPORTING YOUR OBSERVATIONS TODAY.

DHS MEDI-CAL FRAUD HOTLINE
1-800-822-6222

THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

Contract Drugs *(continued)*

Changes, effective January 1, 2006

Drug	Size and/or Strength		Billing Unit
AMLODIPINE BESYLATE			
+ Tablets	2.5 mg		ea
	5 mg		ea
	10 mg		ea
(NDC labeler code 00069 [PFIZER INC.] only.)			
* FLUOXYMESTERONE			
Tablets	2 mg		ea
	5 mg		ea
	10 mg		ea
* **Restricted to the treatment of primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism (congenital or acquired), delayed puberty or metastatic mammary cancer in females.**			
* GALANTAMINE HYDROBROMIDE			
Tablets	4 mg		ea
	8 mg		ea
	12 mg		ea
Extended-release capsules	**8 mg**		**ea**
	16 mg		**ea**
	24 mg		**ea**
Solution, oral	4 mg/ml		cc
* Restricted to treatment of mild to moderate dementia of the Alzheimer's type.			
* METHYLTESTOSTERONE			
Tablets	5 mg		ea
	10 mg		ea
	25 mg		ea
* **Restricted to the treatment of primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism (congenital or acquired), delayed puberty or metastatic mammary cancer in females.**			
METRONIDAZOLE			
Oral tablets	250 mg		ea
	500 mg		ea
Injection	500 mg/100 cc		cc
Powder for injection	500 mg vial		ea
***** Topical gel	0.75 %	28.4 Gm	Gm
*** Prior authorization always required.**			
Vaginal gel	0.75 %	70 Gm	Gm
(NDC labeler code 00089 [3M] for vaginal gel only.)			

\+ Frequency of billing requirement

Please see **Contract Drugs**, *page 4*

Contract Drugs *(continued)*

Changes, effective January 1, 2006 (continued)

Drug	Size and/or Strength		Billing Unit
OFLOXACIN			
Ophthalmic solution	0.3 %		cc
Otic solution	0.3 %	5 cc	cc
		10 cc	cc
(NDC labeler code 63395 [DAIICHI PHARMACEUTICAL CORPORATION] for otic solution only.)			
* Tablets	200 mg		ea
	300 mg		ea
	400 mg		ea
* Restricted to use in the treatment of sexually transmitted diseases.			
ONDANSETRON			
***** + Injection	2 mg/cc		cc
* Restricted to a maximum of 32 mg per dispensing.			
***** + Tablets	4 mg		ea
	8 mg		ea
* + Tablets, orally disintegrating	4 mg		ea
	8 mg		ea
* Restricted to a maximum of 12 tablets per dispensing.			
(NDC labeler code 00173 [GLAXOSMITHKLINE] only.)			
RAMIPRIL			
+ Capsules	1.25 mg		ea
	2.5 mg		ea
	5 mg		ea
	10 mg		ea
(NDC labeler code 61570 [MONARCH PHARMACEUTICAL CORPORATION] only.)			
* TESTOSTERONE			
Injection in aqueous susp.	25 mg/cc		cc
	50 mg/cc		cc
	100 mg/cc		cc
Injection in oil	25 mg/cc		cc
	50 mg/cc		cc
	100 mg/cc		cc
	200 mg/cc	1 cc/vial	cc
		10 cc/vial	cc
* **Restricted to the treatment of primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism (congenital or acquired), delayed puberty or metastatic mammary cancer in females.**			

\+ Frequency of billing requirement

Please see **Contract Drugs**, *page 5*

Contract Drugs *(continued)*

Changes, effective February 1, 2006

Drug	**Size and/or Strength**		**Billing Unit**
AZITHROMYCIN			
* Tablets	250 mg		ea
* Restricted to a maximum quantity per dispensing of six (6) tablets and a maximum of two (2) dispensings in any 30-day period.			
* Tablets	500 mg		ea
* Restricted to a maximum quantity per dispensing of three (3) tablets and a maximum of two (2) dispensings in any 30-day period.			
* Tablets	600 mg		ea
* Restricted to use in the prevention of infections caused by Mycobacterium organisms.			
+ Powder packet	1 Gm		ea
* Suspension	100 mg/5cc	15 cc	cc
	200 mg/5cc	15 cc	cc
		22.5 cc	cc
* Restricted to use for individuals less than eight years old with otitis media infection.			
(NDC labeler code 00069 [PFIZER INC.] only for all dosage forms and strengths of azithromycin.)			
GLIMEPIRIDE			
+ Tablets	1 mg		ea
	2 mg		ea
	4 mg		ea
(NDC labeler code 00039 [AVENTIS PHARMACEUTICALS] only.)			

\+ Frequency of billing requirement

This update is reflected on manual replacement pages drugs cdl p1a 6 and 13 (Part 2), drugs cdl p1b 15, 18, 19, 42, 49 and 51 (Part 2), drugs cdl p1c 10, 11 and 33 (Part 2), drugs cdl p1d 3, 10 and 19 (Part 2).

Medical Supplies Additions and Deletions

Effective for dates of service on or after February 1, 2006, Hollister, Inc. is a contracted manufacturer of the following medical supplies. All utilization controls and quantity limits for these medical supplies will be applied.

Medi-Cal Billing Code	Manufacturer	Description
9946M	HS	Gauze sponges, sterile, – specify manufacturer, catalog number and item supplied.
9980S	HS	Stomahesive paste 2 oz.
9980T	HS	Stomahesive powder 1 oz.
9993N	HS	Other intermittent catheters not specifically listed – specify manufacturer catalog number and item supplied.

Effective for dates of service after January 31, 2006, the following Hollister, Inc.-contracted ostomy product codes are no longer billable: 9976P, 9976R, 9915A, 9915J, 9915M, 9915W, 9919A, 9976Y, 9915H, 9915K, 9915P, 9915R, 9915S, 9915T, 9919D, 9919E, 9959D, 9959E, 9959F, 9959H, 9959J, 9959K, 9959L, 9977A, 9977B and 9977C.

This information is reflected on manual replacement page mc sup lst3 6 and 7 (Part 2).

Clarification: Transition Billing Period for Incontinence Medical Supplies

Effective for dates of service on or after January 1, 2006, the list of adult briefs reimbursed by Medi-Cal is updated to reflect new contracts with manufacturers of incontinence supplies. As announced in the November 2005 *Medi-Cal Update* (Bulletin 619), starting on October 1, 2005, providers may purchase products from the new list but are not to bill Medi-Cal for these products for dates of service before January 1, 2006.

To allow providers more time to adjust their inventories, a transition billing period from January 1, 2006 through January 31, 2006 was established. During this transition period, providers may bill for both old and new incontinence supply adult briefs.

This transition period will delay the discontinuation of local level billing codes 9934V, 9985Q, 9986Q, 9986U, 9997S, 9997U, 9998A, 9998B, 9998C, 9998D, 9998E and 9998F, which were not used for the new list of adult briefs, to January 31, 2006. Therefore, effective for dates of service on or after February 1, 2006, these billing codes will no longer be reimbursable.

In addition, the transition period will allow the continuation of claim submissions coded with a "ZZ" modifier (unlisted manufacturer) using billing codes 9907K, 9907M, 9997Q, 9997T, 9997W and 9997Y for dates of service through January 31, 2006.

All other disposable adult brief products not included in a contract will no longer be Medi-Cal benefits after January 31, 2006.

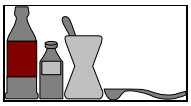
Reimbursement for adult briefs on the current incontinence supplies list will continue at the current rate for dates of service on or before January 31, 2006, except for contracted products carried from the current list to the new list, and that have new reimbursement rates. New reimbursement rates for these products will be effective for dates of service on or after January 1, 2006.

Also effective January 1, 2006, providers are limited to dispensing no more than 200 youth and small briefs, per recipient, in a 27-day period; no more than 192 medium, regular and extra large briefs, per recipient, in a 27-day period; and no more than 216 large briefs, per recipient, in a 27-day period. Quantities exceeding this limitation require prior authorization. This quantity restriction is notwithstanding the existing $165 limit per month, per recipient, for all incontinence supplies.

The current limit for incontinence creams is 540 grams in a 30-day period, per recipient, and for washes, 960cc's in a 30-day period, per recipient. Quantities exceeding these limits require prior authorization. Effective January 1, 2006, providers may dispense these supplies to recipients who have reached the quantity limit and bill Medi-Cal after waiting 27 days instead of 30 days.

Note: Providers risk claim denial if they dispense products appearing on the new list before January 1, 2006. The Department of Health Services will allow additional sizes of disposable adult briefs that are not included in the contracts to be billed to Medi-Cal, with a *Treatment Authorization Request* (TAR), using a new miscellaneous incontinence billing code of 9999B.

Providers should retain the replaced manual pages from the *Incontinence Medical Supplies Product List* section as reference for submitting claims with dates of service on or before January 31, 2006.



DRUG USE REVIEW
***E**ducational **I**nformation*

Use of Inhaled Long Acting Beta$_2$-Agonists in the Medi-Cal Fee-For-Service (FFS) Population

The Food and Drug Administration (FDA) has issued new warnings for all products containing long-acting beta$_2$-agonists (LABAs). The FDA has requested updates to product labels and a *Patient Medication Guide* given to patients receiving Serevent Diskus (salmeterol xinafoate), Foradil Aerolizer (formoterol fumarate) and Advair Diskus (salmeterol/fluticasone). The FDA issued the following warnings about the use of a LABA medicine for the treatment of asthma:

- Even though LABAs decrease the frequency of asthma episodes, LABAs may increase the chance of severe asthma episodes, and death when those episodes occur.
- LABAs should not be the first or only medicine used to treat asthma.
- LABAs should be added to the treatment plan after the use of low- or medium-dose corticosteroids has failed to control asthma symptoms, as recommended by the National Heart, Lung, and Blood Institute [NHLBI] *Guidelines for the Diagnosis and Treatment of Asthma*[1].
- Do not use LABA to treat sudden wheezing episodes or wheezing that is getting worse.

Providers should also be aware of the following:

- The warning does not apply to chronic obstructive pulmonary disease (COPD).
- The warning does not pertain to short-acting beta agonists.

For more information about label changes or how to obtain *Patient Medication Guides*, see the following FDA Web site pages:

- **www.fda.gov/cder/drug/advisory/LABA.htm**
- **www.fda.gov/cder/drug/infopage/LABA/default.htm**

The NHLBI *Guidelines for the Diagnosis and Management of Asthma*[1] recommends the following "Stepwise Approach for Managing Asthma":

Short-acting beta$_2$-agonist * → Add inhaled corticosteroid at low to medium dose → Add long-acting beta$_2$-agonist

* All asthma patients should have a bronchodilator (inhaled short-acting beta$_2$-agonist preferred) to use as needed for symptoms.

Medi-Cal conducted a retrospective study of recipients with a recorded diagnosis of asthma to determine if prescribers/patients are adhering to recommended treatment guidelines. Patients with a diagnosis of asthma (ICD-9 code 493) on a billed medical claim, and at least one pharmacy paid claim for a short-acting beta$_2$-agonist (albuterol) between January 1, 2004 and June 30, 2004, were included in the initial analysis. The claims for these recipients were analyzed for a one-year study period between July 1, 2004 and June 30, 2005 to determine if there was appropriate asthma step-therapy with respect to the addition of inhaled corticosteroids and LABA agents. There were a total of 21,369 asthma recipients identified who received only a short-acting beta agonist agent during the six-month lead-in period.

During the 12-month study period:

- 12 percent of asthmatics began treatment with a LABA drug before trial/failure of monotherapy with an inhaled corticosteroid.
  - Of these beneficiaries, over 99 percent moved from Albuterol directly to Advair (salmeterol/fluticasone).

Please see **Beta$_2$-Agonists**, page 8

Beta$_2$-Agonists *(continued)*

For all non-Medicare Medi-Cal patients with a paid medical claim reporting a diagnosis of asthma in the same study period (N = 113,364), 26,912 recipients received at least one prescription for Advair. The study also yielded the following data:

- 15 percent of patients receiving Advair did not have a single paid claim in the same 12-month period for a short-acting beta$_2$-agonist agent as a quick reliever.
- 2 percent of patients receiving Advair had at least one occurrence of an inhaled corticosteroid filled on the same day as their Advair, with many patients showing up to 12 occurrences over the 12-month period.

Prescribers are reminded to refer to the NHLBI guidelines for the management of asthma patients. Pharmacists should carefully screen for duplication of asthma therapy and to consult patients taking LABA about the risk of severe asthma exacerbations.

Medi-Cal is monitoring the use and clinical outcomes of all long-acting beta$_2$-agonists.

To report any unexpected adverse events associated with these agents, contact the FDA MedWatch program at 1-800-FDA-1088; by FAX at 1-800-FDA-0178; by mail to MedWatch; Food and Drug Administration; HFD-410; 5600 Fishers Lane; Rockville, MD 20857-9787; or online at **www.fda.gov/medwatch/report.htm**.

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[1] National Asthma Education and Prevention Program Expert Panel Report. *Guidelines for the Diagnosis and Management of Asthma–Update on Selected Topics*. Bethesda, MD: NIH/National Heart, Lung, and Blood Institute, (2002). (**www.nhlbi.nih.gov**).

Instructions for Manual Replacement Pages — Part 2
December 2005

Pharmacy Bulletin 621

Remove and replace:
drugs cdl p1a 5/6, 13/14
drugs cdl p1b 15 thru 20, 41/42, 49 thru 52
drugs cdl p1c 9 thru 12, 33/34
drugs cdl p1d 3/4, 9/10, 19/20
drugs cdl p4 19
incont lst 7 thru 18 *
mc sup lst3 5 thru 8

DRUG USE REVIEW (DUR) MANUAL

Remove from the Education *section:* *36-27*

Insert: *36-27 thru 29 (new)*

* Pages updated due to ongoing provider manual revisions.